County: Sauk SAUK COUNTY HEALTH CARE CENTER - FDD S4555 HI GHWAY CH REEDSBURG 53959 Phone: (6 REEDSBURG 53959 Phone: (608) 524-4371
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 30
Total Licensed Bed Capacity (12/31/00): 30
Number of Residents on 12/31/00: 24 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? County **FDDs** No No Average Daily Census: 24

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	8. 3 12. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	58 . 3	More Than 4 Years	79. 2
Day Servi ces	Yes	Mental Illness (Org./Psy)	0. 0	65 - 74	25 . 0		
Respite Care	Yes	Mental Illness (Other)	0. 0	75 - 84	16. 7		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	*****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	41. 7	[
Transportati on	No	Cerebrovascul ar	0. 0			RNs	2. 9
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	7. 3
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	0.0	Male	45.8	Aides & Orderlies	67. 5
Mentally Ill	No			Female	54. 2		
Provi de Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0th	0ther		Pri vate Pay			Managed Care			Percent	
			Per Dien	n		Per Die	m		Per Diem	1]	Per Diem	1	Ĭ	Per Diem	Total	Of All	
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents	
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%	
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0.0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%	
Intermediate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%	
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%	
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%	
Residential Care				0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%	
Dev. Di sabl ed				23 1	00.0	\$150.04	0	0.0	\$0.00	1	100.0	\$175.00	0	0.0	\$0.00	24	100.0%	
Traumatic Brain Inj		0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%	
Ventilator-Depender	nt O	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0%	
Total	0	0. 0		23 1	00.0		0	0.0		1	100.0		0	0.0		24	100.0%	

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Activities of % Totally Percent Admissions from: Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 14.3 Private Home/With Home Health 28. 6 Baťhi ng 0.0 **50.** 0 50.0 24 Other Nursing Homes 0.0 Dressi ng 8. 3 54. 2 37. 5 24 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 20.8 29. 2 42.9 **50.0** 24 20.8 50.0 29. 2 24 14. 3 Toilet Use Eating 62.5 12.5 **25.** 0 0.0 24 Other Locations ***** 0.0 Total Number of Admissions Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 0.0 16. 7 Private Home/No Home Health 16.7 Occ/Freq. Incontinent of Bladder **75.0** 0.0 Private Home/With Home Health **50.** 0 Occ/Freq. Incontinent of Bowel **50.** 0 0.0 Other Nursing Homes 16. 7 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 0.0 Mobility Physically Restrained 0.0 12.5 79. 2 0.0 Other Locations 16.7 Skin Care Other Resident Characteristics 4. 2 Deaths 0.0 With Pressure Sores Have Advance Directives 0.0 Total Number of Discharges With Rashes Medi cati ons 8. 3 Receiving Psychoactive Drugs 37. 5 (Including Deaths)

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	_		* * *				
			All Facilties				
Facility	Fac	ilities					
%	%	Ratio	%	Ratio			
80. 0	85. 5	0. 94	84. 5	0. 95			
58 . 3	42. 1	1. 38	77. 5	0. 75			
14. 3	19. 5	0. 73	21. 5	0. 66			
29. 2	16. 4	1. 78	124. 3	0. 23			
25. 0	19. 2	1. 30	126. 1	0. 20			
16. 7	9. 2	1. 82	49. 9	0. 33			
0. 0	0. 0	0. 00	83. 3	0.00			
41. 7	16. 2	2. 57	87. 7	0. 48			
			69. 0	1. 39			
			22. 6	0. 18			
11. 5	11.0	1. 04	7. 2	1. 60			
	58. 3 14. 3 29. 2 25. 0 16. 7 0. 0 41. 7 95. 8 4. 2 100. 0 0. 0 54. 2 37. 5	Facility % 80.0 85.5 58.3 42.1 14.3 19.5 29.2 16.4 25.0 19.2 16.7 9.2 0.0 0.0 41.7 16.2 95.8 99.5 4.2 0.5 100.0 99.3 0.0 0.5 0.0 0.5 54.2 50.8 37.5 45.9	Facility % Ratio 80.0 85.5 0.94 58.3 42.1 1.38 14.3 19.5 0.73 29.2 16.4 1.78 25.0 19.2 1.30 16.7 9.2 1.82 0.0 0.0 0.0 0.00 41.7 16.2 2.57 95.8 99.5 0.96 4.2 0.5 8.25 100.0 99.3 1.01 0.0 0.5 0.00 0.0 0.2 0.00 54.2 50.8 1.07 37.5 45.9 0.82	Facility Facilities Facilities 80.0 85.5 0.94 84.5 58.3 42.1 1.38 77.5 14.3 19.5 0.73 21.5 29.2 16.4 1.78 124.3 25.0 19.2 1.30 126.1 16.7 9.2 1.82 49.9 0.0 0.0 0.00 83.3 41.7 16.2 2.57 87.7 95.8 99.5 0.96 69.0 4.2 0.5 8.25 22.6 100.0 99.3 1.01 7.6 0.0 0.5 0.00 33.3 0.0 0.2 0.00 18.4 54.2 50.8 1.07 49.4 37.5 45.9 0.82 50.1	Facility Facilities Facilities 80.0 85.5 0.94 84.5 0.95 58.3 42.1 1.38 77.5 0.75 14.3 19.5 0.73 21.5 0.66 29.2 16.4 1.78 124.3 0.23 25.0 19.2 1.30 126.1 0.20 16.7 9.2 1.82 49.9 0.33 0.0 0.0 0.00 83.3 0.00 41.7 16.2 2.57 87.7 0.48 95.8 99.5 0.96 69.0 1.39 4.2 0.5 8.25 22.6 0.18 100.0 99.3 1.01 7.6 13.09 0.0 0.5 0.00 33.3 0.00 0.0 0.5 0.00 18.4 0.00 54.2 50.8 1.07 49.4 1.10 37.5 45.9 0.82 50.1 0.75		